2020 Health Plan Contributions

		FULL TIME EMPLOYEE				PART TIME EMPLOYEE				OTHER	
Describe Plan	Total	Monthly		Pay Period (24)		Monthly		Pay Period (24)		Monthly	
Buy-Up Plan	Contribution (Monthly)	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	COBRA	RETIREE
Employee	\$816.00	\$700.00	\$116.00	\$350.00	\$58.00	\$700.00	\$116.00	\$350.00	\$58.00	\$832.32	\$856.80
Employee + Spouse	\$1,643.00	\$1,301.80	\$341.20	\$650.90	\$170.60	\$700.00	\$943.00	\$350.00	\$471.50	\$1,675.86	\$1,725.15
Employee + Child	\$1,166.00	\$957.55	\$208.45	\$478.78	\$104.23	\$700.00	\$466.00	\$350.00	\$233.00	\$1,189.32	\$1,224.30
Employee + Children	\$1,399.00	\$1,124.15	\$274.85	\$562.08	\$137.43	\$700.00	\$699.00	\$350.00	\$349.50	\$1,426.98	\$1,468.95
Employee + Spouse + Child	\$1,998.00	\$1,560.20	\$437.80	\$780.10	\$218.90	\$700.00	\$1,298.00	\$350.00	\$649.00	\$2,037.96	\$2,097.90
Employee + Spouse + Children	\$2,231.00	\$1,732.75	\$498.25	\$866.38	\$249.13	\$700.00	\$1,531.00	\$350.00	\$765.50	\$2,275.62	\$2,342.55
G Pl	Total	Monthly		Pay Period (24)		Monthly		Pay Period (24)		Monthly	
Core Plan	Contribution (Monthly)	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	COBRA	RETIREE
Employee	\$700.00	\$700.00	\$0.00	\$350.00	\$0.00	\$700.00	\$0.00	\$350.00	\$0.00	\$714.00	\$735.00
Employee + Spouse	\$1,408.00	\$1,301.80	\$106.20	\$650.90	\$53.10	\$700.00	\$708.00	\$350.00	\$354.00	\$1,436.16	\$1,478.40
Employee + Child	\$1,003.00	\$957.55	\$45.45	\$478.78	\$22.73	\$700.00	\$303.00	\$350.00	\$151.50	\$1,023.06	\$1,053.15
Employee + Children	\$1,199.00	\$1,124.15	\$74.85	\$562.08	\$37.43	\$700.00	\$499.00	\$350.00	\$249.50	\$1,222.98	\$1,258.95
Employee + Spouse + Child	\$1,712.00	\$1,560.20	\$151.80	\$780.10	\$75.90	\$700.00	\$1,012.00	\$350.00	\$506.00	\$1,746.24	\$1,797.60
Employee + Spouse + Children	\$1,915.00	\$1,732.75	\$182.25	\$866.38	\$91.13	\$700.00	\$1,215.00	\$350.00	\$607.50	\$1,953.30	\$2,010.75
Dental	Total	Monthly		Pay Period (24)		Monthly		Pay Period (24)		Monthly	
Dental	Contribution (Monthly)	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	COBRA	RETIREE
Employee	\$50.00	\$50.00	\$0.00	\$25.00	\$0.00	\$50.00	\$0.00	\$25.00	\$0.00	\$51.00	\$52.50
Employee + Spouse	\$96.00	\$89.10	\$6.90	\$44.55	\$3.45	\$50.00	\$46.00	\$25.00	\$23.00	\$97.92	\$100.80
Employee + Child	\$96.00	\$89.10	\$6.90	\$44.55	\$3.45	\$50.00	\$46.00	\$25.00	\$23.00	\$97.92	\$100.80
Employee + Children	\$146.00	\$131.60	\$14.40	\$65.80	\$7.20	\$50.00	\$96.00	\$25.00	\$48.00	\$148.92	\$153.30
Employee + Spouse + Child	\$146.00	\$131.60	\$14.40	\$65.80	\$7.20	\$50.00	\$96.00	\$25.00	\$48.00	\$148.92	\$153.30
Employee + Spouse + Children	\$146.00	\$131.60	\$14.40	\$65.80	\$7.20	\$50.00	\$96.00	\$25.00	\$48.00	\$148.92	\$153.30
Vision	Total	Monthly		Pay Period (24)		Monthly		Pay Period (24)		Monthly	
Vision	Contribution (Monthly)	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	COBRA	RETIREE
Employee	\$18.00	\$18.00	\$0.00	\$9.00	\$0.00	\$18.00	\$0.00	\$9.00	\$0.00	\$18.36	\$18.90
Employee + Spouse	\$37.00	\$34.15	\$2.85	\$17.08	\$1.43	\$18.00	\$19.00	\$9.00	\$9.50	\$37.74	\$38.85
Employee + Child	\$26.00	\$24.80	\$1.20	\$12.40	\$0.60	\$18.00	\$8.00	\$9.00	\$4.00	\$26.52	\$27.30
Employee + Children	\$31.00	\$29.05	\$1.95	\$14.53	\$0.98	\$18.00	\$13.00	\$9.00	\$6.50	\$31.62	\$32.55
Employee + Spouse + Child	\$45.00	\$40.95	\$4.05	\$20.48	\$2.03	\$18.00	\$27.00	\$9.00	\$13.50	\$45.90	\$47.25
Employee + Spouse + Children	\$50.00	\$45.20	\$4.80	\$22.60	\$2.40	\$18.00	\$32.00	\$9.00	\$16.00	\$51.00	\$52.50
LEOFF	Total Contribution	Monthly		Pay Period (24)							
LEOFF	(Monthly)	Employer Cost		Employer Cost							

\$633.50

Retiree Only

\$1,267.00

\$1,267.00